

**LINE TIGHTNESS TEST**

**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
 UNDERGROUND STORAGE TANK BRANCH  
 200 FAIR OAKS LANE, SECOND FLOOR  
 FRANKFORT, KENTUCKY 40601  
 (502) 564-5981  
<http://waste.ky.gov/ust>**

**FOR STATE USE ONLY****UST FACILITY INFORMATION****TESTER INFORMATION**

Agency Interest (AI) Number:	Tester Name:	
UST Facility Name:	Certification #:	Expires:
Physical Address:	Tester Certified By: <input type="checkbox"/> Tank Manufacturer [Mark all that apply] <input type="checkbox"/> Test Equipment Manufacturer	
City, County, Zip:	Company Name:	
UST Owner:	Phone Number:	
Owner Phone Number:	Tester Signature:	

**PIPING INFORMATION**

Piping Material: <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible Thermoplastic <input type="checkbox"/> Semi-Rigid	Piping Configuration: <input type="checkbox"/> Single Wall <input type="checkbox"/> Double-Wall
Piping Manufacturer/Model:	Piping Type: <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction
Piping Release Detection Method: <input type="checkbox"/> ELLD <input type="checkbox"/> Annual Line Tightness Testing <input type="checkbox"/> SIR <input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Other:	

**LINE TIGHTNESS TEST METHOD INFORMATION**

Test Method:	Max. Pipe Capacity:
Leak Threshold: <input type="checkbox"/> 0.05 gph <input type="checkbox"/> 0.01 gph <input type="checkbox"/> Other:	Min. Test Duration:

**TESTING EVENT INFORMATION**

Reason(s) for Test: <input type="checkbox"/> Routine Annual <input type="checkbox"/> Routine Tri-Annual <input type="checkbox"/> Suspected Release <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> DEP Directed		
Date of Test:	Time Arrived at UST Facility:	Date Next Test Due:
Method of Piping Isolation During Test: <input type="checkbox"/> Functional Element <input type="checkbox"/> Isolation Plug <input type="checkbox"/> Ball Valve <input type="checkbox"/> Other:		

**PRE-TEST DATA**

Line # / Product (Example: L1/RUL)	Piping Length (ft)	Operating Pressure (psi)	# of Connected Dispensers	# of Flex Connectors	Calculated Max. Bleedback (gal)	Measured Bleedback (gal)	Pretest Duration (min)

**LINE TIGHTNESS TEST DATA**

Line # / Product (Example: L1/RUL)	Time (military)	Pressure (psi)		Volume (gallons)			Line Tightness Test Results (Pass/Fail)	Secondary Containment Test Results (Pass / Fail / N/A)
		Before	After	Before	After	Net Change		

**COMMENTS**

Note any repairs, retests, or unusual test conditions

If you have questions on how to fill out this form or to request a review of UST facility records, please contact the UST Branch at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

UST SYSTEM OWNER SHALL RETAIN A COPY OF THIS FORM